Chart 4

Monthly Insurance rates For Retirees

Basic Life And Commonwealth Indemnity Medicare Extension (OME) Plan With Catastrophic Illness Coverage For Retirees Insured For Medicare Part A&B And Their Spouses And Dependents

Who May Be Insured In The Non-Medicare Plan

Effective For The Premium Due July 1, 2004

Coverage Combination			Premium Amount To Be Deducted On Payroll								Full	
			Premium For Retirees				Premium For Retirees				Cost	
			(Who Retired Before July 2, 1994)				(Who Retired After July 1, 1994)				Premium	
		Number of	* New	* New	Old	Old	* New	* New	Old	Old	Total	Total
Retiree	Spouse	Dependents	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
Insured	Insured	Under	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
For:	For:	Age 19	Without	With	Without	With	Without	With	Without	With	Without	With
			CIC	CIC	CIC	CIC	CIC	CIC	CIC	CIC	CIC	CIC
Life & OME Plan/Part B	-	0	\$30.27	\$39.01	\$28.85	\$37.12	\$45.41	\$54.15	\$43.28	\$51.55	\$302.70	\$311.44
Life & OME Plan/Part B	OME Plan/Part B	0	60.01	77.49	57.17	73.71	90.02	107.50	85.76	102.30	600.10	617.58
Life & OME Plan/Part B	Basic Plan	0	81.69	114.09	76.63	106.87	122.54	154.94	114.94	145.18	816.91	849.31
Life & OME Plan/Part B	Basic Plan	1 or more	117.20	172.07	108.90	159.85	175.80	230.67	163.36	214.31	1,171.97	1,226.84
Life & Basic Plan	OME Plan/Part B	0	81.69	114.09	76.63	106.87	122.54	154.94	114.94	145.18	816.91	849.31
Life & Basic Plan	OME Plan/Part B	1 or more	117.20	172.07	108.90	159.85	175.80	230.67	163.36	214.31	1,171.97	1,226.84
Life & OME Plan/Part A&B	-	0	64.57	73.31	63.15	71.42	96.86	105.60	94.73	103.00	645.70	654.44
Life & OME Plan/Part A&B	OME Plan/Part A&B	0	128.61	146.09	125.77	142.31	192.92	210.40	188.66	205.20	1,286.10	1,303.58
Life & OME Plan/Part A&B	OME Plan/Part B	0	94.31	111.79	91.47	108.01	141.47	158.95	137.21	153.75	943.10	960.58
Life & OME Plan/Part B	OME Plan/Part A&B	0	94.31	111.79	91.47	108.01	141.47	158.95	137.21	153.75	943.10	960.58

CIC: Catastrophic Illness Coverage

Monthly Premium For CIC
Individual Coverage \$23.66
Family Coverage 54.87
OME Coverage 8.74

* Column to be used for pension deduction purposes. Old premium is for reference only.

Note: The Medicare Part B premium was not added to the rate calculation.